



I hereby certify that this correspondence is being deposited with the United States Postal Service, with sufficient postage, as first class mail in an envelope addressed to:

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450
on March 19, 2004

Date of Deposit

Heidi A. Dare, Reg. No. 50,775

Name of applicant, assignee or
Registered Representative

Heidi A. Dare

Signature

March 19, 2004

Date of Signature

Our Case No. 8465/17
P199701456 US1

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

Nielsen et al.

Serial No. 10/017,789

Filing Date: December 13, 2001

For MEDICAL PUNCTURING DEVICE

Examiner Patricia Bianco

Group Art Unit No. 3762

AMENDMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the final Office Action mailed November 19, 2003, please amend the above-identified application as follows:

Amendments to the Specification begin on page 3 of this paper.

Amendments to the Claims are reflected in the listing of claims which begins on page 4 of this paper.

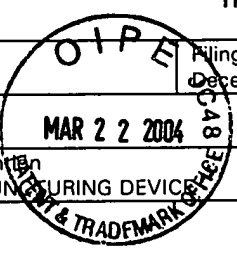
Application No. 10/017,789
Response filed March 19, 2004

Remarks begin on page 9 of this paper.

An **Appendix** including a Terminal Disclaimer is attached following page 10.

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TRANSMITTAL LETTER			Case No. 8465/17
Serial No. 10/017,789	Filing Date December 13, 2001	Examiner Patricia Bianco	Client Ref. No. P199701456 US1
Inventor(s) Nielsen et al.			Group Art Unit 3762
Title of Invention MEDICAL PUNCTURING DEVICE			



TO THE COMMISSIONER FOR PATENTS

Transmitted herewith are Transmittal Letter (in duplicate); Amendment; Terminal Disclaimer; Petition and Fee for Extension of Time (in duplicate); Check for \$110.00 for one-month extension of time fee; Check for \$110.00 for terminal disclaimer fee; and postcard evidencing receipt of same.

- ☐ Small entity status of this application under 37 CFR § 1.27 has been established by verified statement previously submitted.
- ☐ Applicant claims small entity status. See 37 CFR 1.27.
- ☒ Petition for a one month extension of time.
- ☐ No additional fee is required.
- ☐ The fee has been calculated as shown below:

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	Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra
Total		Minus		
Indep.		Minus		
First Presentation of Multiple Dep. Claim				

Small Entity	
Rate	Add'l Fee
x \$9 =	
x 43 =	
+ \$145 =	
Total add'l fee	\$

Other Than Small Entity	
Rate	Add'l Fee
x \$18 =	
x \$86 =	
+ \$290 =	
Total add'l fee	\$

- ☐ Please charge Deposit Account No. 23-1925 (BRINKS HOFER GILSON & LIONE) in the amount of \$_____. A duplicate copy of this sheet is enclosed.
- ☒ A check in the amount of \$110.00 to cover the one-month extension of time fee is enclosed.
- ☒ A check in the amount of \$110.00 to cover the terminal disclaimer fee is enclosed.
- ☒ The Commissioner is hereby authorized to charge payment of any additional filing fees required under 37 CFR § 1.16 and any patent application processing fees under 37 CFR § 1.17 associated with this communication or credit any overpayment to Deposit Account No. 23-1925. A duplicate copy of this sheet is enclosed.
- ☒ I hereby petition under 37 CFR § 1.136(a) for any extension of time required to ensure that this paper is timely filed. Please charge any associated fees which have not otherwise been paid to Deposit Account No. 23-1925. A duplicate copy of this sheet is enclosed.

Respectfully submitted,

Heidi A. Dare
Registration No. 50,775
Attorney for Applicant
Customer No. 00757 - Brinks Hofer Gilson Lione

BRINKS HOFER GILSON & LIONE
P.O. BOX 10395
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(312) 321-4200

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Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on March 19, 2004.

Date: March 19, 2004

Signature: Heidi A. Dare